



# State of South Dakota

## Apostille / Certificate of Authentication Request

**Send this form with your documents. Please print or type, illegible forms may be returned.**

Country document(s) will be used in: \_\_\_\_\_

Type of Document(s): \_\_\_\_\_

Address Document(s) will be returned to:

*(If documents are being sent internationally a pre-paid, self-addressed envelope is required)*

Name: \_\_\_\_\_

Company (If applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Fees / Payment:** (Please make checks / money orders payable to SD Secretary of State)

Number of documents: \_\_\_\_\_ x \$5.00 per document = Total Due: \_\_\_\_\_

Form of Payment Enclosed or Authorized:

☐ Cash

☐ Check drawn on U.S. bank

☐ Money Order from a U.S. bank

☐ Credit/Debit Card: ☐ MasterCard ☐ Visa ☐ Discover

Name as it appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ CID: \_\_\_\_\_

*Payment Authorization: I authorize the South Dakota Secretary of State to charge my credit / debit card for the amount due for the authentication services provided by the Secretary of State.*

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If the name on the credit card or debit card is in the name of a company, please print the signer's name:* \_\_\_\_\_

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**For Office Use Only:**

Date Processed: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Apostille: ☐ Document #: \_\_\_\_\_

Authentication: ☐

Number of Documents: \_\_\_\_\_ Processed by: \_\_\_\_\_